10/7/7/12

Application or Docket Number

HITPP041A/

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		Ellec	iive Ocioi						<u> </u>			
		CLAIMS A	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
T	OTAL CLAIMS	•	02				·	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			22 minus 20=		*	2	İ	X\$ 9=		OR	X\$18=	36
INDEPENDENT CLAIMS				inus 3 =	*	0		X43=		OR	X86=	Ø
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	0
* If the difference in column 1 is less than zero, enter					"0" in c	column 2	L	TOTAL		OŖ	TOTAL	8/16
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
ENT A	1117	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI/ TIONAL FEE
<b>AMENDMENT A</b>	Total	• 22	Minus	** J	2	-		X\$ 9=		OR	X\$18	
	Independent	dependent + 2 Minus +++ 2 RST PRESENTATION OF MULTIPLE DEPENDENT		CLAIM			X43=		ОЯ	X86=\		
1)(30)(23)								+145=		OR	+290= _	1
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	. ^					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	ENDENT	CLAIM	=		X43=		OR	X86=	
	PINST PRESE	NATION OF INC	ILITEE DEF	ENDENT	CDAIN			+145=		OR	+290=	
								TOTAL ODIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	F	X\$ 9=		OR	X\$18=	
ME	Independent		Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+145=		~ <u>`</u>		
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290= TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OF ADDIT. FEE												
		ber Previously Paid					found	d in the app	ropriate box	in colu	ımn 1.	